

National MRC Mass Catastrophic Event Working Group



Heather Shover, MD, MPH
San Bernardino County MRC
Region IX Representative

Mass Catastrophic Event Working Group



- Members

- Selected representatives from each region in US

Region	Member	MRC Unit
1	Nancy Burns	Upper Merrimack Valley MA
2	Jim Dockery	Bergen County NJ
3	Elmer Carreno	Prince Georges's County MD
4	Wendy Wilderman	Southwest Florida
5	Florence Drayden	West Central Ohio
6	Ketty Juul	Albuquerque NM
7	Vickie Stevens	Metropolitan Omaha NE
8	Mike Weibel	Cache county UT
9	Heather Shover	San Bernardino CA
10	Terry Clark	Snohomish County WA

Mass Catastrophic Event Working Group



- Purpose

- To assist the MRC program office's efforts to meet the "charge" from the White House Homeland Security Council
 - The charge is that Health and Human Services will establish systems to:
 - Pre-enroll
 - Credential
 - Train
 - Deploy MRC personnel after a catastrophic event
- Only those, on voluntary basis, who are willing to provide emergency health care and medical services

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- Health and Human Services has a charge to
 - Determine the mechanisms to hire MRC personnel where necessary and appropriate
 - Create a framework within the Public Health System to:
 - Organize
 - Train
 - Equip MRC personnel to respond to a mass causality event

Mass Catastrophic Event Working Group



- MRC Planning Group Focus
 - Identify Issues and make recommendations
 - Pre-enrollment
 - Credentialing
 - Training
 - Activation

Mass Catastrophic Event Working Group



- Meetings via conference calls
 - August 15, 2005
 - Kick Off and Introductions
 - December 19, 2005
 - March 22, 2006

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- Pre-enrollment/Identification
 - Recommendation
 - All MRC leaders should pre-identify their MRC volunteers who would be willing to serve outside their local jurisdictions
 - Whether this be within state, outside state or Federal

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- Credentialing

- Recommendation

- All MRC leaders should, at a minimum, verify the license/certification of all MRC members with licenses/certificates in order to ensure that they are current and unencumbered
- Prior to any national-level activation, the MRC leader should re-run credential verifications on their activated members to ensure that the most current information is provided
 - All MRC members with licenses /certificates who are deployed should, at a minimum, have their license/certification recently verified

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- Training

- Recommendations

- All MRC leaders should adopt the MRC core competencies as part of their training plans
- All MRC leaders should track their member's attainment of the competencies
 - All MRC members should meet the core competencies in order to deploy outside of their jurisdiction
- MRC leaders should consider using MRC-TRAIN as a resource for the MRC unit

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- Activation

- Recommendations

- All MRC leaders should ensure that their units are integrated with local and state response plans
- All MRC leaders should follow the Incident Command System
 - Federal response efforts should follow the chain of command
 - Federal → State → Local
- MRC leaders should ensure that the deployment does not impair local response efforts or affect local needs
- To the extent possible, MRC members from the same unit should be deployed together

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- Activation
- Recommendations
 - HHS should encourage the non-affiliated volunteers who sign up on the HHS website to support the Federal mission and join local MRC units
 - Operational models for local, state and national activations should be developed